

Drinking Water Safety Plans for Building Audit Checklist (Example)

Name of Building: _____

Audit ref.: _____

Internal/External Audit (cross out if inappropriate)

No.	Item to be examined	✓ / ✗ / NA	Records/Items reviewed/ inspected	Remarks
1	Is the WSP up to date?			
2	Has a person been designated to be responsible for the WSP?			
3	Are general descriptions of the building available in the WSP?			
4	Are types of water supply specified in the WSP?			
5	Are records of water quality testing available?			
6	Have water quality tests been conducted as specified?			
7	Are records of previous audits available?			
8	Have audits been undertaken at least once every two years?			

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9	Have findings of previous audits been appropriately followed up?			
10	Are records of previous WSP reviews available?			
11	Have WSP reviews been conducted at least once every two years?			
12	Is the plumbing system of the building described in the form of diagram(s) in the WSP, e.g. schematic water supply flow diagrams?			
13	Is/Are the diagram(s) up to date and accurate?			
14	Are all principal components of the plumbing system included in the diagram(s)?			
15	Are the plumbing components in good conditions or as described in the records?			

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16	Have major hazards/hazardous events of the plumbing system been identified in the WSP?			
17	Have the risks been systemically assessed in the WSP?			
18	Have control measures for the risks been identified in the WSP?			
19	Have monitoring procedures including targets been derived in the WSP?			
20	Have the building management staff undertaken general checking as specified in the WSP?			
21	Has training been provided to building management staff to perform general checking?			
22	Has cleansing of water storage tank(s) been done in accordance with the typical frequency?			

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23	Have point-of-use devices, e.g. filters, been properly maintained?			
24	Have qualified persons been engaged to conduct checking as specified in the WSP?			
25	Are the checking records appropriately completed and maintained?			
26	Have corrective actions been undertaken timely if the checking targets were not met?			
27	Have any abnormalities been observed during the checking or inspections? Have these abnormalities been rectified or addressed timely?			
28	Are appropriate supporting programmes, e.g. routine flushing or maintenance programme, available?			

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Other observations/recommendations (*use additional sheets if necessary*):

Auditor's Name & Signature* : _____

Post Title : _____

Date : _____

*The Auditor should not be involved in the implementation of the WSP for the above-audited building.

Designated Person's Name & Signature : _____

Post Title : _____

Date : _____